

AFFIRMATION OF ISOLATION

COMPLETE IF YOU OR YOUR CHILD HAS TESTED POSITIVE FOR COVID-19 AND HAVE BEEN IN ISOLATION

I, (print name) _____, do hereby affirm that I or my child isolated from (date) _____ through (date) _____ consistent with guidance issued by the Centers for Disease Control and Prevention (CDC). As per CDC guidance, since I or my child tested positive for COVID-19, I or my child must isolate for five (5) days from the onset of COVID-19 symptoms OR from the date of the positive COVID-19 test if asymptomatic. Day 1 of isolation begins the day after I or my child became symptomatic OR the day after I or my child tested positive if I or my child were asymptomatic. On day 6, if symptoms are resolving and there is no fever, isolation is complete. I or my child will continue to wear a mask for 5 additional days.

Name of COVID-19 Positive Person: _____

Date of Birth of COVID-19 Positive Person: _____

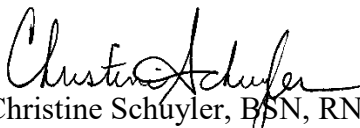
Specimen Collection Date of Positive Test: _____

Sworn and subscribed by me on (today's date) _____.

(SIGNATURE)

NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC; YOU ARE SWEARING TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.

This affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact, I, Christine Schuyler, Public Health Director, Chautauqua County Department of Health, do hereby find the that the affirming individual herein met the criteria for isolation as the case may be during the dates affirmed to above.


Christine Schuyler, BSN, RN, MHA
Chautauqua County Public Health Director

This form may be used for Isolation Release or for New York Paid Family Leave COVID-19 claims as if it was an individual Order for Isolation issued by the Chautauqua County Public Health Director.

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